

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: March 22, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tenotomy, left elbow, lateral surgery.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 01/04/10
- The, 01/11/10, 01/20/01

- Texas Department of Insurance, 03/02/10

Medical records from the Treating Doctor/Provider include:

- M.D., 07/22/08, 08/05/08, 09/04/08, 11/05/08
- M.D., 07/23/08
- OTR, 09/18/08
- DWC-69, Report of Medical Evaluation, 11/05/08
- L.L.P., 12/19/08
- M.D., 07/13/09
- L.L.P., 08/31/09, 10/20/09
- M.D., 09/01/09, 10/01/09, 10/27/09, 11/10/09, 11/30/09, 12/10/09, 01/04/10, 01/18/10
- PT, 10/08/09, 10/29/09, 11/03/09, 11/10/09, 11/11/09, 11/12/09, 11/17/09, 11/19/09, 11/23/09, 12/15/09, 01/28/10
- 10/23/09, 01/11/10, 01/20/10, 02/10/10
- Request for Review by an Independent Review Organization, 02/23/10
- Texas Department of Insurance, 03/02/10

PATIENT CLINICAL HISTORY:

The patient is a who had an injury to his right elbow in xx/xx. Following his surgery, the patient had a fallen out with Dr. an orthopedic surgeon in Texas. The patient removed his own sutures. Since that time, the patient has been treated by M.D.

Following this, the patient has had a prolonged history of continuing symptoms which appear to wax and wane. There is also evidence of noncompliance in that the patient, as previously stated, did not follow up with his original surgeon, removed his staples postoperatively, and missed several physical therapy appointments.

It is now proposed to do an open tenotomy of his left elbow.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I have reviewed the reports of his treating physician, as well as the reports submitted by M.D., an orthopedic surgeon. In that Dr. quotes stating that the necessity for open surgery is infrequent approximately 5%. I found these numbers to be similar findings in my practice. A lateral epicondylitis/extensor tendonitis is a commonly occurring condition. In majority of the time, this can be managed nonoperatively with steroid injections, physical therapy, and bracing. Also, it requires effort on the injured worker to comply with recommended treatment of continued physical therapy doing stretching and strengthening exercises. The patient has a strong history of being noncompliant.

In my opinion, in light of the patient's past history and the low percentage of necessity for open treatment of this condition, I agree with the denial of treatment. In my opinion, the patient's attitude and compliance is much a part of the rehabilitative process as any medical treatment that can be provided by a surgeon. Also, in my practice, many of the people that have refractory extensive tendonitis is often psychological overlay. In my opinion, this patient's past history in following physician instructions and compiling with recommended treatment speaks for itself. Again, I agree with the denial of authorization for any further surgical intervention.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**